## PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective January 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                              |                                |              | mn 2)            | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|------------------------------|--------------------------------|--------------|------------------|-------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | i y                          |                                |              |                  | RATE              | FEE                    | 1  | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                 |                                | NUMBER EXTRA |                  | BASIC FE          | E 375.00               | OR | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 1   minus 20=                |                                | *            |                  | X\$ 9=            |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | / minus 3 =                  |                                | *            |                  | X42=              |                        | OR | X84=                       |                        |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT                       |                                |              |                  | +140=             |                        | OR | +280=                      |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in |                                |              | olumn 2          | TOTAL             | 375                    | OR | TOTAL                      |                        |
|  | С  | LAIMS AS A<br>(Column 1)                  | MENDE                        | MENDED - PART II<br>(Column 2) |              |                  | SMALI             | ENTITY                 | OR | OTHER<br>SMALL             |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                        | **                             |              | =                | X\$ 9=            |                        | OR | X\$18=                     |                        |
|  | Independent                                    | ndependent                                |                              | <u> </u>                       | CL AIM       | =                | X42=              |                        | OR | X84=                       |                        |
| THOT THESE VIANOR OF MISE RELE SEPTEMBER OF SERVIN   |  |   |                              |                                |              |                  | +140=             |                        | OR | +280=                      |                        |
|  |  |   |                              |                                |              |                  | TOTA<br>ADDIT. FE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                              |                                |              |                  |                   |                        |    |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>OUSLY | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                        | **                             |              | =                | X\$ 9=            |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *<br>NTATION OF MI                        | Minus                        | ***<br>PENDENT                 | CLAIM        | -                | X42=              |                        | OR | X84=                       |                        |
|  | 711107711202                                   | NIAHON OF W                               |                              | CHOCK                          | OLAIM        |                  | +140=             |                        | OR | +280=                      |                        |
|  |  |   |                              |                                |              |                  | TOTA<br>ADDIT, FE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
| _  |  | (Column 1)                                |                              | (Colur                         |              | (Column 3)       |                   |                        |    |                            |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>OUSLY | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                        | **                             |              | =                | X\$ 9=            |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                        | ***                            | <del></del>  | <u> </u>         | X42=              |                        | OR | X84=                       |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                                |              |                  | +140=             |                        | OR | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                              |                                |              |                  |                   |                        |    |                            |                        |